MARICOPA MANAGED CARE SYSTEMS
Service Authorization Form

Client's Name: ______________________ PID: ______________ AHCCCS/SSN: ______________

-9 Codes ___ ___ ___ / ___ ___   ___ ___ ___ / ___ ___   ___ ___ ___ / ___ ___

scription ______________ ______________ ______________   PRIORITY CODE ___ ___ ___ ___ ___ ___ ___

OP CL CO	Service Code	Begin Date	End Date	Cls. Rsn.	Satisfied With Service	INSTRUCTIONS
	Provider Name		Provider Code			
	Payor Source /	Units	Per	Total	Yes ☐	
	On ☐ Off ☐ Waiting List	Cost Sharing Pledge		Res. Code	No ☐	
OP CL CO	Service Code	Begin Date	End Date	Cls. Rsn.	Satisfied With Service	INSTRUCTIONS
	Provider Name		Provider Code			
	Payor Source /	Units	Per	Total	Yes ☐	
	On ☐ Off ☐ Waiting List	Cost Sharing Pledge		Res. Code	No ☐	
OP CO	Service Code	Begin Date	End Date	Cls. Rsn.	Satisfied With Service	INSTRUCTIONS
	Provider Name		Provider Code			
	Payor Source /	Units	Per	Total	Yes ☐	
	On ☐ Off ☐ Waiting List	Cost Sharing Pledge		Res. Code	No ☐	
OP CL CO	Service Code	Begin Date	End Date	Cls. Rsn.	Satisfied With Service	INSTRUCTIONS
	Provider Name		Provider Code			
	Payor Source /	Units	Per	Total	Yes ☐	
	On ☐ Off ☐ Waiting List	Cost Sharing Pledge		Res. Code	No. ☐	

DME ______________________   PLACEMENT / REASON CODES   BEGIN DATE / END DATE

______ / ______   ______ / ______

______ / ______   ______ / ______

______ / ______   ______ / ______

Review Completed: ______________ **Review Due:** ______________ **Complete Closure Date:** ______________

Reassessment Completed: ______________ **Reassessment Due:** ______________ **Complete Closure Reason:** ______________

I give permission to Maricopa Managed Care Systems to release information in my application as necessary to obtain services in my behalf by making necessary referrals to community and state agencies. As necessary, my family and significant others may be contacted in regard to this application.

Client Statement: This service plan has been discussed with me and I agree with the described services. I understand that if I disagree with any action taken case, I have the right to present a verbal or written request for a fair hearing.

Client Signature: ______________________ Date: ______________

Worker's Signature: ______________ Date: ______________ Ongoing Case Manager: ______________ ID Code: ______________

Phone: ______________

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